

*This form must be returned in a sealed envelope when hand delivered by the applicant for **registered/practical nurse** licensure.*

## **SUPERVISED PRACTICE FORM TO BE COMPLETED BY SUPERVISOR**

### **TO SUPERVISOR:**

This form must be completed if you are supervising an applicant for licensure by waiver of examination (endorsement). In accordance with Section 5411.9 (Registered Nursing Regulations) and 5511.9 (Practical Nursing Regulations), a supervisor *shall be* fully responsible for the practice by an applicant during the period of supervision and *shall be* subject to disciplinary action by the Board for any violation of the Act by the applicant. The applicant can only work under supervised practice for ninety (90) days from the date of initial employment.

Your name (*Please Print Clearly*): \_\_\_\_\_

D.C. License No. \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

*Please Print*

Location of Supervision: \_\_\_\_\_

Please give brief description of the applicant's duties and responsibilities:

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Was this nurse hired through a nursing agency? \_\_\_\_\_

If yes, please give the name and address of this agency:

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*Signature of Supervisor*

*Phone Number*

*Date*

### **FOR OFFICE USE ONLY**

Date Application Submitted: \_\_\_\_\_, \_\_\_\_\_

Date Supervision Will End: \_\_\_\_\_, \_\_\_\_\_

Date of Board Review: \_\_\_\_\_, \_\_\_\_\_

Board Action: \_\_\_\_\_

cc: Health Services Division  
Service Facility Regulation Administration (SFRA)